

Notification to Law Enforcement
Please type or print

Involved Adult: _____ **Date Received by APS:** _____

To: _____ Police Dept. _____ Sheriff Dept. _____ County Atty. _____ District Atty. _____ Attorney General

Police or Sheriff Dept.: _____ **County or District Atty.:** _____

From: _____ **DCF Region:** _____ **Date:** _____

The Department for Children and Families (DCF) has received a report of abuse, neglect, or exploitation of an adult, which is being reported to your agency in accordance with the state statute K.S.A. 39-1433 regarding Reporting Abuse, Neglect, or Exploitation of Certain Persons. DCF is a mandated reporter to law enforcement when a criminal act has occurred or appeared to occur. **Your review of this matter is requested. If your agency plans to proceed with an investigation or other action, please contact us.**

Date report received by DCF: _____

Allegation Type(s): _____ Abuse _____ Neglect _____ Exploitation _____ Fiduciary Abuse _____ Sexual Abuse

Allegation Information (Please type a summary of the allegation):

_____ **Social Worker requesting Law Enforcement accompany on Home Visit**

DCF is mandated to initiate an investigation within: _____ 24 hrs. _____ 3 working days _____ 5 working days

Please notify us immediately if you DO NOT want DCF to proceed without coordinating our investigation with your department. Per K.S.A. 39-1433(3) APS must complete its investigation within 90 days. If a finding is made prior to a conclusion of the criminal investigation, the investigation may be reopened and a new finding made based on additional evidence provided as a result of the criminal investigation.

INVOLVED ADULT INFORMATION (Please Type):

Name (Last, First): _____ **DOB/Age:** _____ **M** _____ **F** _____
Address: _____ **Apt. #:** _____ **City/State:** _____ **Zip** _____
Phone: _____ **County:** _____

ALLEGED PERPETRATOR INFORMATION (Please Type):

ALLEGED PERPETRATOR 1:

Name (Last, First): _____ **DOB/Age:** _____ **M** _____ **F** _____
Address: _____ **Apt. #:** _____ **City/State:** _____ **Zip** _____
Phone: _____ **County:** _____

Relationship to Involved Adult: _____

ALLEGED PERPETRATOR 2:

Name (Last, First): _____ **DOB/Age:** _____ **M** _____ **F** _____
Address: _____ **Apt. #:** _____ **City/State:** _____ **Zip** _____
Phone: _____ **County:** _____

Relationship to Involved Adult: _____

ALLEGED PERPETRATOR 3:

Name (Last, First): _____ **DOB/Age:** _____ **M** _____ **F** _____
Address: _____ **Apt. #:** _____ **City/State:** _____ **Zip** _____
Phone: _____ **County:** _____

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ALLEGED PERPETRATOR 4:

Name (Last, First): _____ **DOB/Age:** _____ **M** _____ **F** _____

Address: _____ **Apt. #:** _____ **City/State:** _____ **Zip** _____

Phone: _____ **County:** _____

Relationship to Involved Adult: _____

Report submitted by: _____ **Phone:** _____ **Fax:** _____

APS Social Worker - Attach a copy of the PPS 10100 and 10110

